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FEC FORM 3X

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1. NAME OF COMMITTEE (in full)

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Example: If typing, type over the lines.

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ADDRESS (number and street) Check if different than previously reported. (ACC)	$\begin{bmatrix} 7_1 3_1 9_1 & W_1 i \\ & & \end{bmatrix}$ $\begin{bmatrix} M_1 u_1 s_1 k_1 e_1 g \end{bmatrix}$		v,e,n,u,e,	M _. T.] [4	19:4:4:1] -[3:0:4:0]
2. FEC IDENTIFICATION N	UMBER ▼	CITY ▲		STATE ▲	ZIP CODE ▲
C 0 0 5 2 6 2	4 4	3. IS THIS REPORT	NEW (N) C	R AME	NDED
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Country Report (Country Report (Country Report (Country Report (Country Report (Country Report (Non-electic Year Only) (MY) Termination Report (TER)	(c) 12-Day PRE-EI Report (d) 30-Day POST-I Report	ection for the: Co	Jun-20 (M Jun-20 (M Jul 20 (M imary (12P) privention (12C)	/6) Sep 20	Year Only) Jan 31 (YE) 2G) Runoff (12R) in the State of
5. Covering Period 0	1 0 1	2_0_1_6	through 0	3 3 1	2.0.1.6
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.					
Signature of Treasurer NOTE: Submission of false, error	Jelin	Wenn	ect the person signi	Date 0 4	
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